

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. a) NAME (Last) (First) (Middle)	2. b) EMPLOYEE NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>
3. DATE OF FILING <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="font-size: 8px; text-align: center; margin-top: 2px;"> M M D D Y Y Y Y </div>	4. POSITION	5. SALARY(Monthly)

DETAILS OF APPLICATION

6. a) TYPE OF LEAVE <input type="checkbox"/> Vacation <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Paternity 6. c) NUMBER OF WORKING DAYS APPLIED FOR _____ INCLUSIVE DATES: <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	FROM			TO			MM	DD	YYYY	MM	DD	YYYY																			6. b) WHERE LEAVE WILL BE SPENT 1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ 2. IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (Specify) _____ <input type="checkbox"/> Out Patient (Specify) _____ 6. d) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: right; margin-top: 20px;"> _____ Signature of Applicant </div>
FROM			TO																												
MM	DD	YYYY	MM	DD	YYYY																										

DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATION OF LEAVE As of _____ <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 33%;">VACATION</th> <th style="width: 33%;">SICK</th> <th style="width: 33%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 20px;"> _____ Personnel Officer </div>	VACATION	SICK	TOTAL				7. b) RECOMMENDATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ <div style="text-align: center; margin-top: 20px;"> _____ Authorized Official </div>
VACATION	SICK	TOTAL					

7. c) APPROVED FOR: _____ days with pay _____ days without pay _____ others (specify) _____ <div style="text-align: center; margin-top: 20px;"> _____ Authorized Official </div>	7. d) DISAPPROVED DUE TO: _____ _____ _____
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